

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/719758**

FILED DATE

APPLICANT(S)

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		CLAIMS					
IND.	DEP.	IND.	DEP.	IND.	DEP.	*		*		*	
						IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51					
2						52					
3						53					
4						54					
5						55					
6						56					
7						57					
8						58					
9						59					
10						60					
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40						90					
41						91					
42						92					
43						93					
44						94					
45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.	4		3			TOTAL IND.					
TOTAL DEP.	1		2			TOTAL DEP.					
TOTAL CLAIMS	5		5			TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831